

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To the LIHEAP Program Administrator,

Subject: Employment Verification for [Employee Name]

This letter is to confirm the employment of [Employee Name] with [Company Name].

**Employment Details:**

- **Employment Status:** [Active / Terminated]
- **Start Date:** [Date]
- **Job Title:** [Position Title]
- **Pay Frequency:** [Weekly / Bi-weekly / Monthly]
- **Hourly Pay Rate:** \$[Amount]
- **Average Hours Per Week:** [Number of Hours]

**Gross Income for the Past 30 Days:**

The employee's total gross earnings for the period of [Start Date] to [End Date] were \$[Total Amount].

If you require any additional information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]  
[Printed Name]  
[Title]  
[Company Name]